

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-031,219

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		3					54		1				
5		3					55		1				
6		①					56		1				
7	1						57		1				
8		1					58		1				
9		2					59	1		1			
10		①					60		1				
11		①					61		1				
12	1						62		1				
13		1					63						
14		1					64						
15		3					65						
16		3					66						
17		3					67						
18		①					68						
19		1					69						
20							70						
21		2					71						
22		①					72						
23		①					73						
24							74						
25		1					75						
26		1					76						
27		3					77						
28		3					78						
29		⑤					79						
30		①					80						
31		①					81						
32		①					82						
33		①					83						
34		①					84						
35		①					85						
36	1		1				86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47	1		1				97						
48		1					98						
49		1					99						
50	1						100						
TOTAL IND.	4		4				TOTAL IND.	4		4			
TOTAL DEP.	27		27				TOTAL DEP.	27		27			
TOTAL CLAIMS	31		31				TOTAL CLAIMS	31		31			

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